CLAIMS ONLY

	Application Number	Filing Date
	10657835	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	cancel						52						
3							53						
4							54						
5							55						
6	cancel						56						
7							57						
8							58						
9							59						
10	cancel						60						
11							61						
12	cancel						62						
13							63						
14							64						
15							65						
16							66						
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18							68						
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31							81						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	9						Total Depend						
Total Claims	12						Total Claims						